

Kentucky Department for Environmental Protection  
Division of Waste Management  
Solid Waste Branch  
300 Sower Boulevard, Second Floor, Frankfort, KY 40601  
(502) 564-6716

**FOR OFFICIAL USE ONLY. DO  
NOT WRITE IN THIS SPACE**

### REGISTERED PERMIT-BY-RULE FOR CCR FACILITY

<b>1. Registration Type (Check One)</b>	<input type="checkbox"/> New Registration		<input type="checkbox"/> Revised Registration	
<b>2. Agency Interest Number</b>	<input type="text"/>			
<b>3. Previous Permit Number (If Applicable)</b>	<input type="text"/>			
<b>4. Type of Facility</b>	<input type="checkbox"/> CCR Landfill			
	<input type="checkbox"/> CCR Surface Impoundment			
<b>5. Fee Submitted</b>	\$ <input type="text"/>			
<b>6. Method of Payment</b>	<input type="checkbox"/> Check # <input type="text"/>		<input type="checkbox"/> Money order # <input type="text"/>	
<b>7. Registrant Information</b>				
Name: <input type="text"/>		Address: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>		
Email Address: <input type="text"/>	Phone Number: ( <input type="text"/> ) <input type="text"/> - <input type="text"/>		Fax Number: ( <input type="text"/> ) <input type="text"/> - <input type="text"/>	
<b>8. Facility Information</b>				
Facility Name: <input type="text"/>		Address: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>		
Email Address: <input type="text"/>	Phone Number: ( <input type="text"/> ) <input type="text"/> - <input type="text"/>		Fax Number: ( <input type="text"/> ) <input type="text"/> - <input type="text"/>	
<b>9. Preparer Information</b>				
Preparer Name: <input type="text"/>		Address: <input type="text"/>		
City: <input type="text"/>	State: <input type="text"/>	Zip Code: <input type="text"/>		
Email Address: <input type="text"/>	Phone Number: ( <input type="text"/> ) <input type="text"/> - <input type="text"/>		Fax Number: ( <input type="text"/> ) <input type="text"/> - <input type="text"/>	
<b>10. Type of Revision</b>				
<input type="checkbox"/> Change to permittee mailing address		<input type="checkbox"/> Financial assurance mechanism		
<input type="checkbox"/> Change in ownership				
<b>11. Attachments</b>				
Attach financial assurance requirements and proof of publication of public notice as required by 401 KAR 46:120, Section 7.				
<b>13. Certification</b>				
<p><b>"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that KRS 224.99-010 provides for penalties."</b></p>				
Name ( <i>Print</i> )		Signature:		
Title/Position:		Date:     /     /		
Subscribed and sworn to before me by				
Notary public signature				
My commission expires		/     /		